

## **Use and Disclosure of Protected Health Information Form**

This form discusses confidentiality of your mental health records. This form is for you to read and refer to at any time. You do not need to bring this form with you during your initial assessment. Confidentiality of what you share with me is an essential part of psychotherapy. I understand, respect, and honor that a safe place to talk about anything without fear of that information leaving the room is necessary. I place a high value on the confidentiality of the information my clients share with me. I am bound by ethical and legal responsibility to keep confidential the information you share with me during our sessions. In general, I cannot contact anyone else without your written consent. Your health information is private and protected. A federal law called the Health Insurance Portability and Accountability Act of 1996 (HIPAA) states rules for health care providers and health care insurance companies about who can see and obtain your health information. The HIPAA law provides you rights about your protected health information.

### **Your health information**

Your protected health information (PHI) can include:

- Your initial assessment: the historical information you share about your life, e.g., your childhood, school, work and relationship experiences.
- Notes I take after each session
- Treatment plan: a guide to monitor the progress you make in therapy based on the problem, the methods, and the goals you and I discuss
- Billing information
- Signed “confidentiality”, “HIPAA “, and “emergency care” forms
- Mental health records from other health care providers who have treated you and the release of information form that permits me to receive these records.
- Current and past medications
- Legal matters such as court reports, mandates for psychotherapy, and evaluations
- I participate in consultations with colleagues on an ongoing basis for the purpose of providing you with the best care possible. All necessary precautions are taken to ensure confidentiality including, but not limited to not using your name or sharing any information that would identify you. If you do not wish for me to consult with my colleagues about you, please let me know. Otherwise, I will assume I have your approval to do so.

## **Your Rights**

**Communication:** You can ask Dr. Matoff to communicate with you about your health and related issues in a particular way or at a certain place which is more private for you. For example, you can ask her to call you at home, and not at work to schedule or cancel an appointment.

**Requesting a copy of your health information:** You may ask to see or obtain a copy of your medical record and other health information. If you desire a copy, please put your request in writing. You will be responsible for paying for the costs of copying and any mailing of those records. You have the right to receive the copies in less than 30 days from your written request.

**Checking to be sure the information is correct:** Accuracy of your health record ensures the integrity and accuracy of your treatment. If you check your health record and feel there is a discrepancy, missing information, or incorrect information, you have the right to note the disagreement in your file.

**Under California law,** I may decline to permit inspection or provide copies of psychotherapy notes to a client **only** if I determine there is a "substantial risk of significant adverse or detrimental consequences to you in seeing or receiving psychotherapy notes (Health & safety code 123115). Such a refusal is subject to the following conditions:

1. I must enter into the records a written explanation for refusing to permit inspection or provide copies of the records, including a description of the specific adverse or detrimental consequences to you that I anticipate harm would occur if inspection or copying were permitted;
2. I must permit inspection by, or provide copies of, the mental health records to a licensed physician and surgeon, licensed psychologist or licensed clinical social worker designated by you;
3. I must inform you both my refusal to permit access to the requested records and your right to inspect and obtain the records; and
4. As the provider, I must record whether you requested that another health professional inspect or obtain the requested records.

## **Who will see your records?**

All your records are kept in locked files. I am the only person authorized to remove them from the file.

If you are 18 years or older and your parents/grandparents/guardian are paying for psychotherapy services, they may receive a bill of the services you used. However, they will not be able to access your records.

Under some circumstances, I find it helpful to share relevant information about your treatment with one of your friends or a family member. I will ask for your written permission to do so and you will have the opportunity to agree, clarify what information to share, or object to the request. I must respect your wishes if you reject my request to disclose relevant information except for required laws stated below.

**Under California Law, I am required** to reveal information obtained during therapy to other persons or agencies without your consent. These circumstances are:

1. If you threaten or I believe or suspect that you may do violence or harm to yourself or another. Some of the steps I may take include but are not limited to informing or warning the intended victim and/or the appropriate law enforcement agencies such as the police or sheriff. In the case of self-harm, I am permitted to reveal information to others if I decide it is necessary to prevent the threatened harm from occurring.
2. If you are under the age of 18, parental consent is necessary in most cases. There are a few exceptions and I can share those with you before you make an appointment. Otherwise, your parents/guardian has the right to know about your treatment. I suggest that parents/guardian and adolescents meet with me during the initial consultation to discuss parameters of what specific information will be shared with your parents/guardian about your sessions.
3. If you reveal or suspect that a child or elderly/dependent person has been/may be physically and/or sexually abused/neglected.
4. A primary care physician may request a brief summary of your treatment without an explicit release of information. I am permitted to disclose information to other healthcare providers, health care professionals or facilities for purposes of your diagnosis and treatment. The court of law may order me to release information. If you make your mental health an issue before the court, you may be waiving your right

to keep your record confidential. You may wish to consult your attorney regarding such matters before you have disclosed that you have received treatment. I will assert the privilege to confidentiality on your behalf and will notify you should I receive a subpoena for your records. I would then have you sign an authorization to release the records before I release any information.

5. If the police suspect you of a crime, I may be obligated as required by California law (Section 215 of the US Patriot Act) to release your records. The situations where I would have to provide information to the police without a warrant/subpoena would be extremely rare. If asked to do so by law enforcement, and as authorized or required by law, I can release medical information about the death of a suspect to be the result of criminal conduct, about a suspected victim of crime under certain limited circumstances and if the person refuses to agree to obtain this information, to identify or locate a suspect, fugitive or missing person, or in the case of terrorism prevention.
6. Changes in the law effective in 2015 require reporting any instance in which you (or your child) disclose that you (or your child) have accessed, streamed, or downloaded material in which a child is engaged in an obscene sexual act.

Penal code §11165.13 states that harmful substances used during pregnancy can and have been prosecuted by law in California.

As the client, you have the right to terminate treatment at any time. As the therapist, I can terminate at any time and facilitate a referral if I determine that you are not sufficiently benefiting from treatment, it is my ethical duty to refer you to alternative care.

If you have specific questions or concerns about confidentiality, your health care privacy rights, or psychotherapy in general, please know I am happy to discuss and answer your questions. If you think your rights are being denied or your health information is not being protected, please let me know so we can work together to resolve your concern. You can also contact the U.S. Department of Health and Human Services at **[www.hhs.gov/ocr/privacy/](http://www.hhs.gov/ocr/privacy/)**

Making a complaint to me about the protection of our health information and/or to the US Department of Health and Human Services will not change the quality of mental health care you receive from me.

You have a right to a copy of this notice.